

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33382**

FILED NOV 10 1949

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5309		Registrar's No. 123		
1. PLACE OF DEATH a. COUNTY COOPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE TWP.		c. LENGTH OF STAY (in this place) 6 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GALLATIN (RURAL)				
d. FULL NAME OF HOSPITAL OR INSTITUTION BOONVILLE (RURAL) 3				d. STREET ADDRESS (If rural, give location) 488 RR. BARBARA LANE				
3. NAME OF DECEASED (Type or Print) a. (First) LIGHTFOOT b. (Middle) WEST c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 31 1949					
5. SEX MALE 4	6. COLOR OR RACE INDIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 18-1886		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONST. FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY C.S. FORMAN CO.		11. BIRTHPLACE (State or foreign country) EL RENO - OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MABLE WEST				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) WORLD WAR I		16. SOCIAL SECURITY NO. 487-03-1170		17. INFORMANT'S SIGNATURE OR NAME MABLE WEST - RR 488 - N. K.C. MO ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. "It" means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Spine - Fracture Ribs ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Struck by heavy object the underlying cause last. DUE TO (c) Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH E 9 10 3 11	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Instrument shed		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boonville Twp Cooper Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 31 1949 3:45 PM		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by swinging beam				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.								
23a. SIGNATURE M. D. Hooper (Degree or title)			23b. ADDRESS Boonville Mo			23c. DATE SIGNED 11/1/49		
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE NOV. 1-1949	24c. NAME OF CEMETERY OR CREMATORY NORTH KANSAS CITY-MO		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. Nov. 1-49		REGISTRAR'S SIGNATURE D. Hooper 3810		25. FUNERAL DIRECTOR'S SIGNATURE STEGNER FUNERAL HOME-BOONVILLE ADDRESS				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 7

District Health Officer No. 8,

District File Number _____

Date Filed 11-9-49

JAN 10 1950
- DEC 10 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.